

USE THIS FORM FOR ALL ENTRIES EXCEPT CRAFTS — PLEASE TYPE OR PRINT — NO CARBON PAPER REQUIRED

THE CLEVELAND MUSEUM OF ART  
FIFTY-THIRD ANNUAL EXHIBITION OF WORK BY ARTISTS AND CRAFTSMEN OF THE WESTERN RESERVE  
MAY 3 to JUNE 11, 1972.

Born in Cuyahoga County ☐ Yes ☒ No  
Entered Previous May Shows? ☒ Yes ☐ No

☐ Miss ☐ Mrs. ☒ Mr. Artist BRUCE J. LANGER  
Permanent Address 6805 MAYFIELD, MAYFIELD HEIGHTS  
STREET CITY  
44124 CUYAHOGA Tel. ( ) 444-2819  
ZIP COUNTY AREA CODE  
Temporary Address 2220 Brockway Rd  
STREET CITY Univ. Heights ZIP 44118  
Tel. ( ) Collaborator 371-1082  
AREA CODE (IF ANY)

FIRST NAME LAST NAME

ENTRY FEE IS \$2.00 PER ARTIST  
LIMIT OF 2 ENTRIES PER PERSON  
EACH BOX INDICATES A SEPARATE ENTRY

If entries are not accepted or not sold:

- ☒ Artist will pick up entries at Museum.  
☐ Museum should ship entries to artist C.O.D. at this address:

This form is in triplicate. One copy, complete with juror's marks, will be returned to you as notification of acceptance or rejection, the last week in April.

THE RETURNED COPY IS YOUR ONLY RECEIPT TO CLAIM YOUR ENTRIES. Do not lose it.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by the dates listed below.

It is also understood that accepted entries will remain on exhibition until June 11, 1972.

The submission of entries will be construed as acceptance of all conditions printed in the entry information.

Bruce J. Langer  
SIGNATURE

DATES FOR RETURN OF OBJECTS: Monday through Saturday  
9:30 a.m. to 4:30 p.m. at Museum Service Entrance (West side of Museum).

REJECTED ENTRIES: May 8 - May 13, 1972  
ACCEPTED ENTRIES: June 19 - June 24, 1972

SUBMIT ENTRIES WITH ENTRY BLANK AND FEE MARCH 18 THROUGH MARCH 25, 1972.

|  |                                 |                                   |                |                        |
|--|---------------------------------|-----------------------------------|----------------|------------------------|
| CATEGORY <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 |                                 |                                   |                |                        |
| MEDIUM <u>INK &amp; COLORED LACQUER FILM</u>   |                                 |                                   |                |                        |
| TITLE <u>"CUBES?"</u>  |                                 |                                   |                |                        |
| PRICE OR NFS <input checked="" type="checkbox"/>   | Insurance Value <u>\$250.00</u> | SIZE: <u>30x42 (hexagon)</u>      |                |                        |
| GRAPHICS AND PHOTOGRAPHY ONLY  |                                 |                                   |                |                        |
| NUMBER FOR SALE  | NUMBER IN EDITION               | PRICE UN-FRAMED                   | PRICE OF FRAME | NO. OF FRAMES FOR SALE |
| DO NOT WRITE IN THIS SECTION   |                                 |                                   |                |                        |
| ACCEPTED <input checked="" type="checkbox"/>   |                                 | REJECTED <input type="checkbox"/> |                |                        |

|  |                                 |  |                |                        |
|--|---------------------------------|--|----------------|------------------------|
| CATEGORY <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 |                                 |  |                |                        |
| MEDIUM <u>INK &amp; COLORED LACQUER FILM</u>   |                                 |  |                |                        |
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| DO NOT WRITE IN THIS SECTION   |                                 |  |                |                        |
| ACCEPTED <input type="checkbox"/>  |                                 | REJECTED <input checked="" type="checkbox"/> |                |                        |

|               |           |
|---------------|-----------|
| DATE RECEIVED | BY        |
| <u>3/25</u>   | <u>JS</u> |